

the



# connection

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The Agency for Healthcare Research and Quality's *CAHPS® Connection* is an occasional update for the many users of CAHPS products and survey results. Its purpose is to help you stay informed about new CAHPS products, the product development work of the CAHPS Consortium, and various tools and resources that may be useful to you, such as workshops and educational materials.

Please feel free to pass on *The CAHPS Connection*. If you would like see previous issues, visit our Web site: [www.cahps.ahrq.gov](http://www.cahps.ahrq.gov). If you wish to receive emails and updates from the CAHPS User Network, contact us at [cahps1@ahrq.gov](mailto:cahps1@ahrq.gov).

## CAHPS: New Products, New Names, New Look

As you have probably noticed by now, the name "Consumer Assessment of Health Plans Study" no longer does justice to a broad range of instruments that ask patients about their experiences not only with health plans, but also with medical groups, clinicians, behavioral health services, hospitals, nursing homes, and dialysis facilities. This has created a bit of a dilemma for AHRQ's CAHPS program, often prompting people to ask: *What does CAHPS mean?*

The answer: CAHPS now stands for **Consumer Assessment of Healthcare Providers and Systems**. This change is meant to draw attention to the expanded range of the current family of instruments and to reinforce our continued focus on the consumer as a primary source of information on the quality of care. If you are writing about the CAHPS program or its products, please note that you need only use the full name the first time you refer to it. After that, simply say "CAHPS." Also, since CAHPS is a registered trademark, please use the symbol ® the first time CAHPS appears in text; it is not necessary to repeat the symbol.

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The new CAHPS homepage

## New Web Site: [www.cahps.ahrq.gov](http://www.cahps.ahrq.gov)

To complement the changes represented by this new name, AHRQ's CAHPS User Network (formerly the CAHPS Survey Users Network) has launched a redesigned Web site at a new address: [www.cahps.ahrq.gov](http://www.cahps.ahrq.gov). Like this bulletin, the new site features our new logo and a new format designed to improve usability. It is also a source for relevant news and updates on recent developments in the CAHPS program, and offers access to the *CAHPS Survey and Reporting Kits*, which provide instruments, instructions, and analysis programs for each survey product.

## Coming Soon: A Request for Your Feedback

The CAHPS User Network will continue to provide technical assistance, sponsor educational and networking events, and share information pertinent to anyone interested in CAHPS surveys. Over the next few months, CAHPS users will be invited to participate in a survey asking about their experiences with our services. This survey will provide us with the data we need to improve the quality of information, education, and resources we offer. If you do not currently receive emails and updates from the CAHPS User Network but would like to participate in the survey, please contact us at [cahps1@ahrq.gov](mailto:cahps1@ahrq.gov).

## work-in-progress

### Field Testing the Health Plan Survey 4.0H

Working closely with the National Committee for Quality Assurance (NCQA), the CAHPS Team recently completed a field test of the 4.0H version of the Health Plan Survey. A field test is the last step in the development of a CAHPS survey. The instrument used for this field test included the core items in the new CAHPS Health Plan Survey, as well as supplemental items that NCQA is considering for its 4.0H version of the survey.

Between March and mid-July, six health plans administered the field test instrument to their enrollees. The five commercial plans and one Medicaid plan were selected to provide variation in three areas: the health plan products or type of managed care plan; the geographic location of plan members; and the previous level of CAHPS performance.

### Purpose of the Field Test

The field test of the Health Plan Survey 4.0H had two major objectives. The first was to evaluate the performance of individual survey items and composite measures, survey nonresponse, and data quality and missing data at the level of individual items.

The second objective was to collect the data needed to trend or bridge from the Health Plan Survey 3.0 measures to the 4.0 measures. These data are critical to the development of the analytic tools needed to support the continued use of this CAHPS survey as a longitudinal measure of enrollee satisfaction. Users will need these tools in order to compare the composite scores from 2006, the last year of the 3.0 version of the Health Plan Survey, to their scores in 2007, the first year of the 4.0 version.

In addition, the field test evaluated the effect of the mode of administration on survey results.



## Current Status and Next Steps

Throughout the summer and fall of 2005, the CAHPS Team has been working with NCQA to analyze the data from this field test. The CAHPS Team will use the findings to refine the items and measures of the CAHPS Health Plan Survey 4.0, which will be released for public use in early 2006 following the NCQA's review process.

NCQA will also use the field test findings to make further adjustments to its version of the updated instrument, the CAHPS Health Plan Survey 4.0H. Pending results of the field test and public comment, NCQA will present the survey to its Standards Committee and Committee on Performance Measurement, which will consider the survey's use for HEDIS reporting and accreditation purposes beginning in 2007.

### For More Information

- To learn more about field tests, see the accompanying article on this topic.
- To learn more about core items, see the glossary on the CAHPS site: [www.cahps.ahrq.gov/CAHPS\\_glossary.asp](http://www.cahps.ahrq.gov/CAHPS_glossary.asp).

## A Progress Report on the New Clinician & Group Survey

The CAHPS Clinician & Group Survey has progressed beyond the initial development stage into the testing stage. This article summarizes what's involved in this stage of the survey development process.

### Cognitive Testing Almost Complete

In the spring of 2005, the CAHPS development team conducted one round of 29 English-language cognitive interviews in Massachusetts and California in order to gauge how potential respondents understand and interpret the survey questions. The results of those interviews informed the development of a May 2005 field test instrument. By August, that version was further refined to incorporate feedback from a national advisory group of key stakeholders, including the American Board

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of Medical Specialties, the American Medical Group Association, the Medical Group Management Association, and the National Committee for Quality Assurance.

A followup round of nine English-language cognitive interviews was completed in September 2005 (again in Massachusetts and California); Spanish-language interviews will be completed shortly.

To learn more about cognitive testing, see Issue 4 of *The CAHPS Connection*:

<http://www.cahps.ahrq.gov/content/CAHPSConnection/files/CAHPSConnectionIssue4.html#casestudy>

### Field Testing in Progress

Through August 2005, three organizations across the country field tested a version of the Clinician & Group Survey. An additional four organizations will test the instrument by the end of the year. The CAHPS Team works closely with all of these organizations to test and evaluate

- The effect of mode of administration on the survey measures;
- Approaches to constructing a sample frame for



surveys of primary care providers and specialists;

- Placement within the survey of visit-specific items;
- An expanded Yes/No response scale;
- The performance of six-point and four-point response options for the never-always items; and
- The overall psychometric performance of the survey.

## Next Steps

Based on the findings from these multiple rounds of testing, the team will refine survey content, reporting composites, and implementation protocols, including sampling instructions and field procedures. The finalized Clinician & Group Survey is expected to become available for public use in March 2006.

## Topics Addressed in the Clinician & Group Survey

- Access to care (e.g., getting needed care, getting care quickly)
- Coordination of care
- Doctor's communication and thoroughness
- Shared decisionmaking
- Health promotion and education
- Followup on test results
- Medical office staff
- Patient concerns about cost of care
- Global rating of doctor

If you would like more information about the Clinician & Group Survey or are interested in using a test version of the questionnaire, please contact Samantha Sheridan at [samanthasheridan@westat.com](mailto:samanthasheridan@westat.com) or 301-738-3532.

# cahps 101

## Field Testing: What It Is and How We Do It

*Edited by Ron D. Hays and Julie Brown, RAND CAHPS Team*

### What Is Field Testing?

Field testing involves administering an early version of a survey to a sample of the target audience. By testing the survey in a “real world” environment, survey developers can gather valuable information that helps them improve survey items. Specific areas that field testing can illuminate include

- The feasibility of administration (e.g., What is the response rate a survey is likely to achieve?);
- The distribution of responses to questions (e.g., What is the typical response to specific items?);
- The reliability and validity (psychometric properties) of the survey questions (e.g., How well do the questions measure the respondents' actual experiences and attitudes?);

- Associations between responses to different survey items (e.g., Do different items designed to measure “getting needed care” correlate significantly with one another?); and
- Specific response trends that may appear in different subgroups of the survey population (e.g., Do certain subgroups consistently rate aspects of their experience more highly than others?).

### How Does Field Testing Fit Into the Overall Testing Process?

Field testing is one of the last steps in the process of developing and evaluating survey items. In the early stages of survey development, researchers often conduct focus groups and cognitive interviews to learn more about how members of the target population think about and respond to survey items. After the development team has refined the survey items based on their findings, they administer a revised pool of items to a sample of people drawn from the target population.



Sometimes, developers implement several rounds of field testing and conduct cognitive interviews between the field tests. That way, they can capitalize on the respective benefits of each method during the survey development process.

### Who Is Included in the Field Test?

Ideally, the sample of field test respondents should mirror the target population for the finalized survey. But factors such as convenience, cost, and opportunity also influence the composition of the field test participants. For example, in a field test to evaluate a survey for medical group practices, researchers randomly sampled persons 18 and older with at least one visit to a doctor's office in the preceding 12 months (Solomon et al., 2005). Sampling frames included patients from all payers. A total of 896 respondents were obtained from 3 cities (Knoxville, St. Louis, Denver) and 880 from a sample in California. This field test represented a range of different locations in the U.S., but it was by no means representative of the country as a whole.

The sample size for a field test varies depending on the purpose. The CAHPS survey development teams aim for a sample size of at least 100 completes (i.e., a survey with sufficient responses to be deemed complete). That said, larger sample sizes are often needed to provide meaningful and effective estimates, especially if the sample consists of multiple subgroups.

### What Gets Tested?

The field test instrument is typically longer than the final version of the survey. This enables the development team to evaluate many items empirically and identify the ones that perform best. This instrument may also include items to help assess the validity of the main survey concepts. For example, it can be useful to include questions from existing surveys that provide an alternative view of perceptions of health care or questions about insurance coverage, utilization of care, and health status.

### How Is a Field Test Conducted?

The development team first assembles the survey into the mode or modes of administration that the investigators need to evaluate. Most CAHPS surveys have been designed for both mail and telephone administration. In addition, the field test instrument is often administered in multiple languages. This creates an opportunity to test a Spanish-language survey, for example, or to test the performance of single items and multi-item measures with respondents whose primary language is not English.

Researchers then administer the test instruments to their sample audience(s), and analyze the completed surveys for information about the feasibility of the proposed survey methodologies and the psychometric properties of the instrument. The next step is to refine and adjust the survey according to the findings, and either develop a finalized survey or send the redesigned instrument back to the field for more testing.

#### For examples of field testing, please see the following:

- Fowler, F.J., Gallagher, P.M., & Nederend, S. (1999). Comparing telephone and mail responses to the CAHPS survey instrument. *Med Care*, 37 (3), MS41-MS49.
- Hays, R. D., Chong, K., Brown, J., Spritzer, K. L., & Horne, K. (2003). Patient reports and ratings of individual physicians: An evaluation of the DoctorGuide and Consumer Assessment of Health Plans Study provider-level surveys. *Am J Med Qual*, 18 (5), 190-196.
- Solomon, L. S., Hays, R. D., Zaslavsky, A. M., Ding, L., & Cleary, P.D. (2005). Psychometric properties of a group-level Consumer Assessment of Health Plans Study (CAHPS) instrument. *Med Care*, 43 (1), 53-60.





## events

### Webcast Highlights CAHPS Projects at the State Level

On September 14, the CAHPS User Network hosted a Webcast that highlighted innovative uses of the CAHPS Health Plan Survey by State agencies. The featured presenters were

- KaraAnn Donovan, MSPH, from the Colorado Department of Public Health & Education (CDPHE); and
- Joseph P. Anarella, MPH, and Anne Schettine, RN, from the New York State Department of Health (NYSDOH).

In addition, Julie Brown of the CAHPS Consortium discussed ongoing efforts to better meet the needs of survey users at the State level.

#### The Story from Colorado

KaraAnn Donovan is an epidemiologist and statistician at CDPHE's Children and Youth with Special Health Care Needs Section. She discussed how her Section used results of the Health Plan Survey's instrument for children (known as the Child Survey) to calculate performance measures for the Children with Special Health Care Needs portion of Title V, an entitlement program of the Federal Maternal and Child Health Bureau. While searching for publicly available data to calculate the measures, Ms. Donovan learned about the National CAHPS Benchmarking Database (CAHPS Database). Because the CAHPS Database offers access to CAHPS Health Plan Survey results gathered by the State's Medicaid agency, the Colorado Department of Healthcare Policy and Financing, she determined that it would be an optimal resource for the Section's purposes. Although they faced some challenges due to her Section's somewhat distinct goals, Ms. Donovan and her colleagues succeeded in using data from the CAHPS Database to fulfill the Maternal and Child Health Bureau's reporting requirements.

Ms. Donovan also described plans by the CDPHE and the State's Medicaid agency to coordinate in planning

future CAHPS projects, to be administered by the Medicaid agency and funded by both organizations. By working together, they will be able to ensure that the survey and the data it produces meet the needs of both programs. Given the current economic environment, collaboration across State agencies (especially Medicaid, SCHIP, and Title V programs) is an excellent – if not critical – strategy for maximizing resources while minimizing costs.

#### The Story from New York

Joseph Anarella serves as Assistant Director at NYSDOH's Bureau of Quality Management and Outcomes Research; his colleague, Ann Schettine, is the Bureau's expert in quality improvement. Mr. Anarella and Ms. Schettine described how their organization helped health plans that receive Medicaid dollars use detailed analyses of CAHPS Health Plan Survey results to assess their strengths and weaknesses and to develop specific quality improvement (QI) initiatives to address those weaknesses.

Mr. Anarella and Ms. Schettine also discussed how the Bureau incorporated Health Plan Survey results into a pay-for-performance program. Some plans received additional payments in reward for their exceptional performance, as determined by their CAHPS survey results. The New York portion of the Webcast was of particular value to public and private organizations interested in learning how CAHPS surveys and data can contribute to quality improvement efforts.

To learn more about how a State can affect QI initiatives, see Issue 3 of *The CAHPS Connection*, which profiles the recent efforts of MetroPlus and one of its clinics to improve patients' experiences with care:

<http://www.cahps.ahrq.gov/content/CAHPSConnection/files/CAHPSConnectionIssue3.html#casestudy>

#### Efforts To Support the States

Julie Brown, project leader for the Ambulatory Care CAHPS development team, discussed recent efforts to refine the CAHPS Health Plan Survey and prepare the new Clinician & Group Survey for release in 2006. She



described what the CAHPS Team is doing to incorporate feedback from State agencies into the development of the Medicaid version of the Health Plan Survey 4.0 and explained how the changes to the updated instrument will affect State users.

Ms. Brown also discussed the CAHPS Team's development of materials to help States customize the CAHPS survey to meet their needs—an often difficult task, given the diversity in the structure of Medicaid programs and their delivery of health care services.

### For More Information About This Webcast

Please visit the CAHPS User Network's Web site ([www.cahps.ahrq.gov](http://www.cahps.ahrq.gov)) to download slides from the event, a summary of the presentations, and a complete transcript.

## user resources

### Free Technical Assistance Available to CAHPS Users

Since 1997, the Agency for Healthcare Research and Quality (AHRQ) has offered free technical assistance to all users of CAHPS products through the CAHPS User Network (formerly known as the CAHPS Survey Users Network, or SUN). Technical assistance is available through the CAHPS Help Line, which accepts questions via email ([cahps1@ahrq.gov](mailto:cahps1@ahrq.gov)) or telephone (1-800-492-9261).

### What Kind of Assistance Is Available?

Over the past 8 years, the CAHPS Help Line has addressed a wide range of topics, answering questions about

- The types of surveys that are available;
- The challenges associated with consumer surveys (e.g., budgeting, collecting enough responses);
- Specific composite measures and item sets (e.g., the items for children with chronic conditions); and
- The statistical programs provided for analysis of the survey results.

The Help Line also assists users who are looking for specific documents or are experiencing any problems with our Web site.

### How Does It Work?

When the CAHPS Help Line receives a message from a user requesting assistance, a staff person triages the question. If the question involves our Web site, or if it can be answered by staff of the CAHPS User Network, the user typically gets a response within a day. In some cases, the question is referred to someone at AHRQ or one of the grantee organizations who has the expertise to help the user resolve a specific issue. For example, questions about modifying the statistical analysis programs would be directed to one of the developers of those programs. In those cases, users usually receive a response within a week or so.

## cahps in action

### CAHPS in Action: Tenet Tries Out the CAHPS Hospital Survey

In January 2005, Tenet Healthcare Corporation began testing the CAHPS Hospital Survey on behalf of its 73 hospitals, which are located in 13 States around the country. This article profiles their experience with this new survey.

Approximately 900 hospitals responded to a Federal Register notice that offered an opportunity to test the CAHPS Hospital Survey; all were granted permission to do so. The deadline for this program has now passed.

### What Motivated Tenet To Test the CAHPS Hospital Survey?

Tenet has been surveying its hospitals' patients since 1982, using an instrument developed in-house. But in 2004, the company made a decision to replace its own instrument with the CAHPS Hospital Survey. Tenet wanted to give its hospitals as much experience as possible



with the new survey before the Centers for Medicare & Medicaid Services (CMS) begins collecting the data and reporting the results. Cindy Larkin, Senior Director of Measurement Systems and Strategy, has conducted patient satisfaction surveys at Tenet for 12 years. “We saw that it was coming,” Ms. Larkin said, “so we thought we might as well get ahead of the curve.”

Tenet was also motivated by the fact that, while its hospitals could use the company’s own reports to see how they compared to others in the Tenet system, they had no access to national comparative data. However, once the CAHPS Hospital Survey is implemented on a national basis, Tenet will have an efficient way to provide its hospitals with useful information that previously was not available to them.

### Tenet’s Assessment: “All Very Relevant”

Initially, Ms. Larkin was not enthusiastic about the new Hospital Survey. “But once I learned more about the instrument, and the amount of research that went into its development, I felt much more positive about it.” Tenet’s assessment of the survey was that the questions were all very relevant, and not much different from those the company had asked patients in its own surveys. Ms. Larkin noted, “There were a few questions we weren’t asking, but not many.”

The hospitals involved in the testing also seem pleased with the new instrument. In focus groups with the hospitals, Tenet found that the transition went even more smoothly than it had anticipated. The hospital representatives had no complaints or questions about the new CAHPS survey, and commented that the survey results helped them identify and address issues that needed attention. Jacob Kupietzky, Vice President of Operations Excellence, noted that the shift to the CAHPS survey was also budget-neutral for the hospitals.

Given how smoothly the transition has gone, Tenet decided to revamp its surveys for outpatient surgery services and emergency departments to be consistent with the CAHPS instrument for inpatients. The revised surveys use the four-point scale and all applicable questions from the CAHPS Hospital Survey (e.g., items about pain con-

trol, communication about medications), as well as some service-specific questions that Tenet added.

**“We might as well get ahead of the curve.”**

*– Cindy Larkin, Senior Director of Measurement Systems and Strategy, Tenet*

### How Tenet Has Been Fielding the Survey

Tenet has been fielding the CAHPS Hospital Survey to a sample of all inpatients (adults and children), except for those with psychiatric diagnoses. When the time comes to send the data to CMS, Tenet will send responses for adults admitted for medical, surgical, and obstetric care. Every week, patient files are sent to Tenet’s vendor, which draws a random selection of patients and contacts them by telephone. Sample sizes vary depending on the size of the hospital, but the surveys are administered in a standardized way. To date, the overall response rate has been roughly 60 percent; about 90 percent of those who answer the phone complete the survey.

The vendor sends results each week, including details at the respondent level; hospitals can access their weekly results through the Web. Each month, the vendor also provides an aggregated report for that month’s respondents.

For now, Tenet shows composite and item scores based on the percentage of respondents who answer “always” (on a four-point scale), but the company may change that reporting strategy if CMS reports the results differently.

### Challenges That Tenet Encountered

Prior to fielding the survey, Tenet had two main concerns, both of which it addressed through clear and consistent communications with the hospitals. The first challenge involved adapting to the four-point response scale of the CAHPS survey, which is very different from the I-to-IO scale that Tenet had been using in its previous survey. Many of Tenet’s hospitals had built marketing strategies around the concept of being rated a “10.” Also, results are typically lower when a shorter scale is





used. Tenet talked about this issue with the hospitals ahead of time and reassured them that they need not worry about the scales being lower.

A second concern was the loss of trending information that occurs with any transition from one survey to another. However, Tenet soon realized that within one month, the hospitals had already gathered sufficient data to begin tracking changes in performance. In most cases, losing the long-term history has not been as problematic as originally anticipated. Moreover, the hospitals remain enthusiastic about the advantages of the new survey, including the ability to compare performance results against non-Tenet competitors and industry standards. These capabilities are similar to what Tenet has been able to do with the Joint Commission's core measures, which capture clinical quality of care.

## Advice to Other Sponsors

Noting the importance of giving the hospitals as much information ahead of time as possible, Ms. Larkin and Mr. Kupietzky offered the following tips to potential sponsors of the CAHPS Hospital Survey:

- Communicate upfront what the questions are and how they differ from the questions that you have been using (e.g., different wording, different scale).
- Let hospitals know that their scores may be lower as a result of the change in the scale, and that this doesn't necessarily reflect any change in their performance.
- Emphasize the access to national data if your vendor does not already provide this.
- Don't wait until CMS asks for the survey data. Hospitals are reporting to Tenet that they have benefited from the opportunity to work with the results and improve their performance before it is publicly reported.

## comments or questions?

The CAHPS User Network welcomes your comments and questions. Please contact us:

- By e-mail: [cahps1@ahrq.gov](mailto:cahps1@ahrq.gov)
- By phone: 1-800-492-9261

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<http://www.cahps.ahrq.gov/content/CAHPSConnection/files/CAHPSConnectionVol2Issue1.html>.

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